

**INDIANA KIDS FIRST TRUST FUND
(1) COVER SHEET**

*Must be typed and filled out in its entirety

LEGAL NAME OF AGENCY REQUESTING FUNDS _____

D/B/A NAME _____

PROGRAM NAME: (If different from above) _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

TELEPHONE: _____ FAX # _____

EMAIL: _____

CONTACT PERSON (KFTF will send all correspondence to this person): _____

FEDERAL ID NUMBER: _____

COUNTY/COUNTIES SERVED: _____

PROGRAM DESCRIPTION: (ONE BRIEF CONCISE SENTENCE) _____

ESTIMATED # OF CHILDREN TO PARTICIPATE IN THE PROGRAM _____

ESTIMATED # OF FAMILIES TO PARTICIPATE IN THE PROGRAM _____

PROGRAM TYPE: (There should only be one selected)

_____ PRIMARY PREVENTION _____ SECONDARY PREVENTION

TYPE OF FUNDING REQUEST: _____ INITIAL _____ CONTINUATION

IF CONTINUATION, LIST YEARS RECEIVED _____

IF CONTINUATION, INITIAL AMOUNT OF FUNDING _____

BUDGET: TOTAL PROGRAM BUDGET _____
 TOTAL KIDS FIRST REQUEST _____

KIDS FIRST REQUEST IS _____ % OF TOTAL BUDGET (Total Kids First request divided by the total program request)

STATE CONTRACT (Grantee) NUMBER (if applicable): _____

Please list other funding sources your agency receives for the program for which you are applying. This is mandatory and can result in not receiving funding if not completed.

Agency's Legal Name:

Program Name:

**INDIANA KIDS FIRST TRUST FUND
(1-A) PROGRAM TYPE PAGE**

Put a check next to the type of service your program provides.
You may **choose only ONE**

- ☐ Parent Education & Support
- ☐ Home/Hospital Visitation
- ☐ Professional Training
- ☐ Public Awareness/Education
- ☐ Life Skills for Children & Youth
- ☐ Local Council/Network Support
- ☐ Family Resource Centers

Agency's Legal Name:

Program Name:

INDIANA KIDS FIRST TRUST FUND
(2) PROPOSAL ABSTRACT
One (1) page only

BACKGROUND/ DOCUMENTATION OF NEED:

TARGET POPULATION (WHO, WHERE, HOW IDENTIFIED/RECRUITED:

METHODS/ACTION PLAN:

OUTCOMES:

EVALUATION:

Agency's Legal Name:

Program Name:

INDIANA KIDS FIRST TRUST FUND
(3) AGENCY/ORGANIZATION HISTORY & QUALIFICATIONS

One (1) page only

BOARD MEMBERS (may attach list):

STATEMENT OF ORGANIZATION PURPOSE (If continuation grant, not required unless there is a change):

DESCRIBE THE HISTORY OF YOUR AGENCY/ORGANIZATION (including how it began and why):

DESCRIBE THE ADMINISTRATIVE STRUCTURE UNDER WHICH THE PROGRAM WILL BE FUNDED (Include a description of the qualifications and capacity of your agency/organization to provide the proposed program): **NOT REQUIRED FOR CONTINUATION GRANTS IF SAME AS LAST YEAR.**

DOCUMENT NOT-FOR-PROFIT STATUS:

Agency's Legal Name:

Program Name:

**INDIANA KIDS FIRST TRUST FUND
(4) STATEMENT OF NEED
DATA SECTION**

Two (2) pages only (page 1 of 2)

CORE DATA: Provide the following required information for each county in the proposed service area.

COUNTY NAME(S): _____

TOTAL COUNTY POPULATION: _____

TOTAL # OF CHILDREN IN COUNTY _____

OF **SUBSTANTIATED** REPORTS OF CHILD ABUSE & NEGLECT FOR COUNTY: _____

OF CASES OF SEXUAL ABUSE: _____

OF CASES OF PHYSICAL ABUSE: _____

OF CASES OF NEGLECT: _____

TOTAL NUMBER OF REPORTS _____

OF FATALITIES DUE TO CHILD ABUSE &/OR NEGLECT: _____

SUPPLEMENTAL:

Agency's Legal Name:

Program Name:

**INDIANA KIDS FIRST TRUST FUND
(4) STATEMENT OF NEED**

Two (2) pages only (page 2 of 2)

NARRATIVE SECTION: Provide a detailed written statement, which clearly and concisely states and provides verification of the problem or need for your program. If you are applying for a continuation grant, provide reasons for why this program needs to be continued.

Agency's Legal Name:

Program Name:

INDIANA KIDS FIRST TRUST FUND
(5) PROGRAM OVERVIEW
See Instructions

12) Reproduce as needed.

13) **Keep in mind that payments will be based on ability to report progress of the outcomes on a monthly basis with completion at the final summary report on all outcomes that your agency chose. They must be reasonable, measurable and show the work that your agency has done with the clients. Do not put program types as that is no longer part of the application and can result in not receiving funding.**

14) One (1) page per outcome

OUTCOME

ACTIVITIES/OBJECTIVES

EVALUATION:

Agency's Legal Name:

Program Name:

**INDIANA KIDS FIRST TRUST FUND
(6) STAFFING PLAN
See Instructions**

Agency's Legal Name:

Program Name:

**INDIANA KIDS FIRST TRUST FUND
(7) PLATE PROMOTION**

One-half (1/2) page only

(If this is a continuation application, please attach samples of your past efforts to promote the plate.)

Agency's Legal Name:

Program Name:

Contract Number (if applicable)

**KIDS FIRST TRUST FUND
(8-A) BUDGET DETAIL**

- The budget should be for the proposed programs only, do not give the total agency budget.

Section 1. Expenses	TRUST FUND REQUEST	OTHER FUNDING	PROGRAM BUDGET ONLY
1. Salaries and Wages (Staff position and salaries x hours x grant period)	\$	\$	\$
2. Fringe Benefits (aggregate amount)	\$	\$	\$
3. Consultant & Contractual Services (Fees x hours x grant period)	\$	\$	\$
TOTAL PERSONNEL EXPENSE (total of categories 1-3)	\$	\$	\$
4. Space Cost (Example: Rent, utilities, & maintenance)	\$	\$	\$
5. Consumable Supplies (Example: Desktop & paper supplies, postage)	\$	\$	\$
6. Travel (Example: Mileage, accommodations for staff & consultants)	\$	\$	\$
7. Telephone (Example: Installation, basic & long distance service fees)	\$	\$	\$
8. Non-Consumable Supplies (Example: Desks, typewriters, etc.)	\$	\$	\$
9. Program – Related Expenses (Example: Materials, meeting space, conference registrations)	\$	\$	\$
10. Other Costs (Example: CPA audit, resource materials)	\$	\$	\$
TOTAL NON-PERSONNEL EXPENSE (total of 4-10)	\$	\$	\$
TOTAL PROGRAM BUDGET (Total Personnel Expense + Total non-personnel expense)	\$	\$	\$

* Details should be listed on the Budget Justification

Agency's Legal Name:

Program Name:

**KIDS FIRST TRUST FUND
(8-A) BUDGET
PAGE 2**

Section II. Income	
Federal or State Grants (Please list contracts out individually including amount & contract number)	\$
Foundation Grants	\$
Corporate Grants	\$
Individual Contributions	\$
Donations	\$
Special Events Proceeds	\$
In-Kind Donations & Services	\$
Total Requested of Kids First Trust Fund	\$
Miscellaneous	\$
<u>TOTAL PROGRAM INCOME</u>	\$

* Please note – Total program income should equal Total program budget.

Agency's Legal Name:

Program Name:

**INDIANA KIDS FIRST TRUST FUND
(8-B) BUDGET JUSTIFICATION
PAGE 3**

BUDGET JUSTIFICATION: For every line item requesting Kids First Funds, written narrative justification must be made:

Agency's Legal Name:

Program Name:

**INDIANA KIDS FIRST TRUST FUND
(9)TRANSITION PLAN FOR SERVICES**

(1) One page only

If for some reason your program does not get funded or does not receive the full amount requested, please list alternative funding plans:

Program Name:

(11) ASSURANCE/CERTIFICATION SIGNATURE PAGE

I, the undersigned, certify that in addition to the conditions mentioned before, will maintain generally accepted accounting procedures to provide for accurate and timely recording or receipt of funds (by source), expenditures (by items, made from such funds) and of unexpended balances. I will establish controls, which are adequate to ensure that expenditures charged to grant activities are for allowable purposes and that documentation is readily available to verify that such charges are accurate.

Signature			
Program Director	Date	Title	